

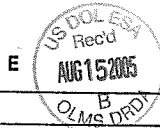
# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number <b>U - 6162</b>	2. Fiscal Year Covered From: <b>1 / 1 / 2004 Through: 12 / 31 / 2004</b>
3. Name and address of person filing. Name <b>Wayne MacManiman</b> P.O. Box, Bldg., Room No., if any Street <b>20 Dover Road</b> City <b>West Hampton</b> State <b>New Jersey</b> ZIP Code + 4 <b>08060</b>	4. Name, file number, and address of labor organization. Name <b>Service Employees Intl. Union Local 36</b> Labor Organization File Number <b>505-065</b> P.O. Box, Building and Room Number, if any <b>2nd Floor</b> Street <b>42 South 15th Street</b> City <b>Philadelphia</b> State <b>Pennsylvania</b> ZIP Code + 4 <b>19102</b>
5. Position in labor organization. <b>President</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

**7/25/05**  
Date

**215-226-3600**  
Telephone Number

Name of Person Filing Wayne MacManiman

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name SEIU Local 36 Benefit Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 15th Floor

Street 42 South 15th Street

City Philadelphia

State Pennsylvania ZIP Code + 4 19102

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

SEIU Local 36 Benefit Funds is a related organization of SEIU Local 36. The Benefit Funds paid for Wayne MacManiman's expenses as a Union Trustee, which related to his attendance at the IFEBP Employee Benefits Conference in Orlando, FL in February 2004.

## 12.b. Amount.

\$2,083

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

Name of Person Filing Wayne MacManiman

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Intl. Foundation of Employee Benefit Plans

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 18700 W. Bluemound Road

City Brookfield

State Wisconsin ZIP Code + 4 53008

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SEIU Local 36 Benefit Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 42 South 15th Street

City Philadelphia

State Pennsylvania ZIP Code + 4 19102

## 11.a. Nature of such dealing.

IFEBP provides educational services for Fund Trustees.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

The SEIU Local 36 Benefit Funds paid the registration fee to IFEBP on behalf of Wayne MacManiman, a Union Trustee, attending an IFEBP conference in February 2004 in Orlando, FL.

## 12.b. Amount.

\$930

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Intl. Foundation of Employee Benefit Plans

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 18700 W. Bluemound Road

City Brookfield

State Wisconsin ZIP Code + 4 53008

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SEIU Local 36 Benefit Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 42 South 15th Street

City Philadelphia

State Pennsylvania ZIP Code + 4 19102

## 11.a. Nature of such dealing.

IFEBP provides educational services for Fund Trustees.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

The SEIU Local 36 Benefit Funds paid the registration fee, preconference workshop fee and hotel room deposit to IFEBP on behalf of Wayne MacManiman, a Union Trustee, who was attending an IFEBP conference in November 2004 in New Orleans, LA.

## 12.b. Amount.

\$1,550





Name of Person Filing Wayne MacManiman

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Spear Wilderman Borish Endy Spear &amp; Runckel

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1400

Street 230 South Broad Street

City Philadelphia

State Pennsylvania ZIP Code + 4 19102

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Legal Counsel for SEIU Local Union 36.

## 11.b. Approximate dollar value of such dealing.

\$33,965

## 12.a. Nature of interest held or income received.

Wayne MacManiman was provided meals by Spear Wilderman, et al. to discuss SEIU Local 36 business on 3/17/04 - \$20.01, 5/27/04 - \$37.32, 8/18/04 - \$39.70.

## 12.b. Amount.

\$97